

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|---|---|---|--------------------------------|
| Establishment name Dairy Queen | Telephone Number () Establishment () Owner | Date of Inspection 11/23/22 | ID# 302 |
| Establishment address 3305 State Rd 135 | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up NO | Release Date 12/3/22 |
| Owner | | Summary of Violations: C <input checked="" type="checkbox"/> NC <input type="checkbox"/> R <input checked="" type="checkbox"/> | |
| Owner address | | | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler | | Menu Type (See back of page) 1 _____ 2 _____ 3 <input checked="" type="checkbox"/> 4 _____ 5 _____ | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

| | | | |
|--|--|---|--|
| Received by (name and title printed): X Matt Kowal (Lead Assembler) | | Inspected by (name and title printed): Janyce Miller | |
| Received by (signature): X [Signature] | | Inspected by (signature): Janyce Miller | |
| cc: | | cc: | |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Best 11/14

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|---|---|--|---------------------------------|
| Establishment name DAZES FAMILY RESTAURANT | Telephone Number () Establishment () Owner | Date of Inspection 11/4/22 | ID# 2524 |
| Establishment address 1041 W Jefferson St. Franklin, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up YES | Release Date 11/14/22 |
| Owner DENNIS BEIKMAN | | Summary of Violations: C <u>1</u> NC <u>4</u> R <u> </u> | |
| Owner address | | Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> X </u> 5 <u> </u> | |
| Person in charge SARAH LADD | | | |
| Responsible person's email | | | |
| Certified food handler SARAH LADD (SERUSAP) | | | |

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|----------------------|
| 187 | C | X | INTERNAL TEMPERATURE OF POTENTIALLY HAZARDOUS FOOD ITEMS IN (2) REFRIGERATED UNITS IN KITCHEN PREPARATION AREA NOT AT 41°F OR LESS (EGGS/HAM/CHEESE/MEAT/CUT TOMATOES) | Food DISCARD 11/4/22 |
| 431 | NC | X | FLOOR NOT CLEAN IN AREAS OF KITCHEN, WALK-IN COOLER, MOP SINK CLOSET | 11/10 |
| 399 | NC | X | WALL WORN IN AREA KITCHEN | 12/20 |
| 177 | NC | X | FOOD PACKAGES NOT STORED OFF FLOOR MINIMUM OF 6 INCHES WALK IN COOLER, WALK-IN FREEZER | 11/7 |
| 174 | NC | X | BULK FOOD CONTAINER OF FLOUR(?) NOT LABELED ON SHELF IN KITCHEN | 11/7 |
| | | X | BACK DOOR DOES NOT OPEN (EASILY) - PANIC BAR BROKEN | V |

| | |
|--|--|
| Received by (name and title printed): Sarah Ladd | Inspected by (name and title printed): Bob Smith ETS |
| Received by (signature): Sarah Ladd | Inspected by (signature): Bob Smith |
| cc: | cc: |

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

BA
Belen
11/14

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|--|---|---|---------------------------------|
| Establishment name Denny's | Telephone Number () Establishment () Owner | Date of Inspection 11-9-22 | ID# 1532 |
| Establishment address 4982 N 350 E Whiteland | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up NO | Release Date 11-19-22 |
| Owner | | Summary of Violations: C <u>0</u> NC <u>0</u> R <u>0</u> | |
| Owner address | | Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

| | | |
|--|-----|---|
| Received by (name and title printed): Natalie Woodall | | Inspected by (name and title printed): Jennifer Warner |
| Received by (signature): Natalie Woodall | | Inspected by (signature): JW 3164376 |
| cc: | cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Beckm
11/30

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|---|--|--|--------------------------------|
| Establishment name Dispersation Depot | Telephone Number () Establishment () Owner | Date of Inspection 11/22/22 | ID# 2028 |
| Establishment address 3522 US 31 Franklin, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up Yes | Release Date 12/2/22 |
| Owner Sammy Swallows | | Summary of Violations: C 2 NC 16 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 5 | |
| Person in charge Robert Dale | | | |
| Responsible person's email | | | |
| Certified food handler Sammy Swallows | | | |

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|--------------------|
| 187 | C | | ① milk and breadings (used for tenderloins and fish) stored at room temperature inside the kitchen measured 71°F | Corrected |
| | | | ③ sliced cheese measured 49°F while inside condiment tray on ice | |
| 415 | C | | ① Apparent rodent gnawing was noted to unused toilet paper stored in the basement | 11/24/22 |
| | | | ③ Apparent rodent-like pellets (RIPs) were seen on a tray storing single service portion cups and lids in the kitchen | 11/23/22 |
| 112 | NC | ✓ | Kitchen stove & various chest freezers not NSF/ANSI approved | 12/21/23 |
| 431 | NC | ✓ | Dishwashing floors soiled | 11/24/22 |
| 295 | NC | ✓ | Bar soda gun soiled and outside cooking equipment | Corrected |
| 177 | NC | ✓ | Single service items were stored on basement floor | 11/25/22 |

| | |
|---|---|
| Received by (name and title printed): ROBERT DALE | Inspected by (name and title printed): Andrew Miller, EHS |
| Received by (signature): <i>Robert Dale</i> | Inspected by (signature): <i>Andrew Miller</i> |
| cc: | cc: |

NARRATIVE REPORT

| Establishment Name <i>Desperation Depot</i> | | | Address <i>3522 US 31 Franklin, IN 46131</i> | | Inspection Date <i>11/22/22</i> |
|---|-----------|----------|--|--------------------|------------------------------------|
| Section# | C/NC | R | REMARKS | TO BE CORRECTED BY | |
| <i>255</i> | <i>NC</i> | <i>✓</i> | <i>Ambient air thermometers not seen in two basement chest freezers</i> | <i>11/26/22</i> | |
| <i>385</i> | <i>NC</i> | <i>✓</i> | <i>Dumpster lid open</i> | <i>11/29/22</i> | |
| <i>382</i> | <i>NC</i> | <i>✓</i> | <i>Dumpster not on pavement/concrete</i> | <i>5/20/23</i> | |
| <i>431</i> | <i>NC</i> | <i>✓</i> | <i>Kitchen exhaust filters were spoiled</i> | <i>11/26/22</i> | |
| <i>399</i> | <i>NC</i> | <i>✓</i> | <i>Basement ceiling tiles missing in chest freezer area</i> | <i>12/1/22</i> | |
| <i>227</i> | <i>NC</i> | <i>✓</i> | <i>Bar coolers not easily movable</i> | <i>12/1/22</i> | |
| <i>430</i> | <i>NC</i> | <i>✓</i> | <i>Exterior sewer pit lid not fully covered with correct lid</i> | <i>12/20/22</i> | |
| | | <i>✓</i> | <i>(2) Interior outlet pipe in sewer pit continuously leaks</i> | | |
| <i>413</i> | <i>NC</i> | <i>✓</i> | <i>East doors are not tight-fitting to the exterior</i> | <i>12/1/22</i> | |
| <i>248</i> | <i>NC</i> | <i>✓</i> | <i>Kitchen hand sink cracked and drains slowly</i> | <i>12/1/22</i> | |
| <i>324</i> | <i>NC</i> | <i>✓</i> | <i>Holiday chest freezer lid is cracked</i> | <i>11/25/22</i> | |
| <i>218</i> | <i>NC</i> | <i>✓</i> | | <i>12/1/22</i> | |
| <i>324</i> | <i>NC</i> | | <i>Hot water was 132°F in men's restroom and 131°F in women's restroom</i> | <i>11/25/22</i> | |
| <p><i>*Notes: Numerous "repeat" violations from 7/14/22 inspection*</i></p> <p><i>*Basement needs organized and cleaned for prep work*</i></p> <p><i>pest management!</i></p> | | | | | |
| Received By (Name & Title) | | | Inspected By (Name & Title) | | Page <i>2</i> of <i>2</i> |
| <i>Keith D. Cauce</i> | | | <i>Andrew Miller, EHS</i> | | |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Belton
12/19

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|--|---|--|--------------------------------|
| Establishment name <i>El Toro Bravo of Greenwood</i> | Telephone Number () Establishment () Owner | Date of Inspection <i>11/21/22</i> | ID# <i>2603</i> |
| Establishment address <i>172 Melody Lane Greenwood IN 46142</i> | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up <i>Yes</i> | Release Date <i>12/1/22</i> |
| Owner <i>Israel V.</i> | | Summary of Violations: <i>C 4 NC 15 R</i> | |
| Owner address | | Menu Type (See back of page) <i>1 2 3 4 5</i> | |
| Person in charge <i>Carlos Delgado</i> | | | |
| Responsible person's email <i>SewSafe</i> | | | |
| Certified food handler <i>Miguel Delgado Exp: 3/24/27</i> | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|----------------------------|
| 188 | C | ✓ | Queso on warmer tables measured 111°F and 128°F | Corrected ↓ |
| 303 | C | | Dish mechanical dish machine was not sanitizing immediately after cleaning | Call for repair ↓ |
| 187 | C | | Queso (dated 11-19-22) measured 45°F to 49°F in a metal pan inside the walk-in cooler | Vol Discarded ↓ |
| 218 | NC | | Probe food thermometer temperature indicator (battery unit) was not readable | 11/22/22 ↓ |
| 430 | NC | ✓ | Dish area ceiling tiles, near back door, missing | 11/25/22 ↓ |
| 426 | NC | ✓ | Mop sink room is storing unused equipment | 11/25/22 ↓ |
| 295 | NC | ✓ | Exterior top of dish machine is soiled | Corrected 11/21/22 ↓ |
| | | ✓ | Interior drip plate of ice maker is soiled | ↓ |

| | |
|--|---|
| Received by (name and title printed): <i>Carlos Delgado</i> | Inspected by (name and title printed): <i>Andrew Miller, EHS</i> |
| Received by (signature): <i>[Signature]</i> | Inspected by (signature): <i>Andrew Miller</i> |
| cc: | cc: |

NARRATIVE REPORT *Greenwood*

| Establishment Name <i>El Toro Bravo</i> | | | Address <i>172 Melody Lane NW 46142</i> | | Inspection Date <i>11/21/22</i> |
|--|-----------|---|---|--------------------|--------------------------------------|
| Section# | C/NC | R | REMARKS | TO BE CORRECTED BY | |
| <i>173</i> | <i>C</i> | | <i>Raw shelled eggs were stored over ready-to-eat salsa inside walk-in cooler</i> | <i>Corrected</i> | <i>↓</i> |
| <i>218</i> | <i>NC</i> | | <i>① Large warmer table is missing the left temperature control knob</i> | <i>11/28/22</i> | <i>↓</i> |
| | | | <i>② True one door freezer interior fan is froze up (not turning) and unit is about +36°F.</i> | <i>11/21/22</i> | <i>↓</i> |
| <i>430</i> | <i>NC</i> | | <i>Exterior shed storing foam containers, wax paper, napkins, contains a damaged and wet/moldy interior ceiling. Appears to contain a damaged/leaking roof/interior</i> | <i>12/2/22</i> | <i>move items inside until fixed</i> |
| <i>346</i> | <i>NC</i> | | <i>No Soap available at bar and East kitchen hand sinks</i> | <i>Corrected</i> | <i>↓</i> |
| <i>218</i> | <i>NC</i> | | <i>Paper towels were used as sink drain stoppers at two bay sink</i> | <i>12/1/22</i> | <i>↓</i> |
| <i>234</i> | <i>NC</i> | | <i>Bar ice scoop handle was touching the ice</i> | <i>Corrected</i> | <i>↓</i> |
| <i>174</i> | <i>NC</i> | | <i>Bulk foods not labeled in prep room</i> | <i>11/21/22</i> | <i>↓</i> |
| <i>462</i> | <i>NC</i> | | <i>Case base loose/missing in prep room and back alley door</i> | <i>12/1/22</i> | <i>↓</i> |
| <i>218</i> | <i>NC</i> | | <i>Two drawer seals torn on cooler under flat top grill</i> | <i>12/31/22</i> | <i>↓</i> |
| <i>411</i> | <i>NC</i> | | <i>Two bulbs missing in grill line exhaust hood</i> | <i>11/22/22</i> | <i>↓</i> |
| <i>295</i> | <i>NC</i> | | <i>① Sailed knives were on prep room wall magnet</i> | <i>Corrected</i> | <i>↓</i> |
| | | | <i>② Manual can opener blade is sailed</i> | | <i>↓</i> |
| <i>218</i> | <i>NC</i> | | <i>Bottom shelf of prep table in prep room is rusty</i> | <i>12/31/22</i> | <i>replace</i> |
| Received By (Name & Title) <i>[Signature]</i> | | | Inspected By (Name & Title) <i>Andrew Miller, EHS</i> | | Page <i>2</i> of <i>2</i> |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

beta
11/9

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|--|--|--|-----------------------------------|
| Establishment name Fazoli's | Telephone Number () Establishment () Owner | Date of Inspection 11/1/22 | ID# 632 1654 |
| Establishment address 1695 Meridian Oaks Dr. | | Follow-up Yes | Release/Date 11/11/22 |
| Owner Corporate | Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Summary of Violations: C <u>0</u> NC <u>4</u> R <u> </u> | |
| Owner address | | Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>✓</u> 4 <u> </u> 5 <u> </u> | |
| Person in charge Steven Lambert | | | |
| Responsible person's email (SenSafe Exp) | | | |
| Certified food handler Steven Lambert | 5/31/27 | | |

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|--------------------|
| 295 | NC | ✓ | ① Exterior top of dish machine is soiled | 11/5/22 |
| | | ✓ | ② Pizza oven area exhaust hood filters soiled | |
| | | ✓ | ③ Inside top of ice maker is soiled | |
| | | ✓ | ④ Blue ice scoop holder is soiled | Corrected |
| | | ✓ | ⑤ Wheels/casters on cooking equipment are soiled | 11/11/22 |
| 431 | NC | ✓ | ① Wall above 3 bay sink is soiled | 11/11/22 |
| | | | ② Floor soiled under drive-up window ice bin and under pasta cooker | |
| 218 | NC | | ① Door handle/latch is loose on hot box (handle) unit | 11/3/22 |
| | | | ② Two metal cooking baskets are cracked at the top edges | 11/12/22 |
| | | | ③ Drain hose off pasta cooker | |
| 413 | NC | | Back door has outer openings at the bottom | |

Received by (name and title printed):

Inspected by (name and title printed):

Steven Lambert GM

Andrew Miller, EHS

Received by (signature):

Inspected by (signature):

cc:

cc:

cc:



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131

Office 317-346-4365 Fax 317-736-5264

317 - 346 - 4373

Bekm
11/21

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|--|---|--|---------------------------------|
| Establishment name FIELD TO FORK | Telephone Number () Establishment () Owner | Date of Inspection 11/15/22 | ID# 2571 |
| Establishment address W JEFFERSON ST. FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 11/25/22 |
| Owner CAMPBELL | | Summary of Violations: C 0 NC 3 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 5 | |
| Person in charge MATT LAUVER | | | |
| Responsible person's email | | | |
| Certified food handler CORY CAMPBELL | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|--------------------|
| 138 | NC | * | HAIR RESTRAINT NOT WORN BY EMPLOYEE IN KITCHEN | 11/16/22 |
| (NOTE) | * | | CHLORINE SANITIZER WORK ~10ppm ON DISHWASH AFTER FINAL SANITIZATION RINSE | 11/16 |
| 256 | NC | * | THERMOMETERS NOT SEEN OR CONSPICUOUSLY LOCATED IN SEVERAL REFRIGERATORS / FREEZER IN BACK AREA AND FRONT AREA | 11/25 |
| 218 | NC | * | FRONT AREA UPRIGHT 2 DOOR MILK / EGG REFRIGERATOR DOOR GASKET WORN / SPLIT | 12/15 |

Received by (name and title printed):

Matt Lauver, Butcher

Inspected by (name and title printed):

Bob Smith ETS

Received by (signature):

Matt Lauver

Inspected by (signature):

Bob Smith

cc:

cc:

cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
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| | | | |
|--|--|---|--------------------------------|
| Establishment name FRANKLIN SKATE CLUB | Telephone Number () Establishment () Owner | Date of Inspection 11/22/22 | ID# 119 |
| Establishment address 2680 N MORTON FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 12/2/22 |
| Owner WILLIAMS | | Summary of Violations: | |
| Owner address | | C <u>0</u> NC <u>1</u> R <u> </u> | |
| Person in charge VICKI CLAY | | Menu Type (See back of page) | |
| Responsible person's email | | 1 <u> </u> 2 <u> </u> 3 <u> </u> 4 <u> </u> 5 <u> </u> | |
| Certified food handler VICKI CLAY | | | |

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[illegible]

| | | |
|---|-----|---|
| Received by (name and title printed): VICKI S CLAY | | Inspected by (name and title printed): Bob Smith ETS |
| Received by (signature): Vicki S. Clay | | Inspected by (signature): Bob Smith |
| cc: | cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
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Bekky
11/21

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| | | | |
|---|--|--|---------------------------------|
| Establishment name Freddy's Frozen Custard | Telephone Number () Establishment () Owner | Date of Inspection 11/15/22 | ID# 2393 |
| Establishment address 2306 N. Morton St. Franklin, IN 46131 | Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up Yes | Release Date 11/25/22 |
| Owner M & M Custard LLC | | Summary of Violations: C 1 NC 7 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 5 | |
| Person in charge Logan Wubben | | | |
| Responsible person's email (SewSafe Exp-) | | | |
| Certified food handler Logan Wubben 10/1/23 | | | |

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------|
| 385 | NC | | Trash dumpster lid was off unit | 11/25/22 |
| 388 | NC | | Dumpster pad area contained trash, cardboard boxes, debris etc | 11/15/22 |
| 431 | NC | | Floors, walls, ceiling air returns soiled throughout facility | 11/25/22 |
| 295 | NC | | Clean lexan paks were found soiled | 11/15/22 |
| 218 | NC | | Meat prep one door cooler dripping water inside unit located next to flat top grill | 11/25/22 |
| 187 | C | | Liquid cheese measured 128°F inside warmer unit next to fry warmer | Corrected |
| 218 | NC | | Various shelving units inside walk-in-cooler/freezer units not level, low to other ground, etc | 11/25/22 |
| 295 | NC | | Walk-in-cooler fan guards soiled and green shelving inside wic are soiled | 11/25/22 |

Received by (name and title printed):

Logan Wubben

Received by (signature):

Logan Wubben

cc:

cc:

Inspected by (name and title printed):

Andrew Miller, EHS

Inspected by (signature):

Andrew Miller

cc:

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|--|--|--|---------------------------------|
| Establishment name FRIENDS RETURN | Telephone Number () Establishment () Owner | Date of Inspection 11/2/22 | ID# 2202 |
| Establishment address 989 N US 31, WHITEHALL, IN | Purpose: <input checked="" type="radio"/> 1. Routine <input type="radio"/> 2. Follow-up <input type="radio"/> 3. Complaint <input type="radio"/> 4. Pre-Operational <input type="radio"/> 5. Temporary <input type="radio"/> 6. HACCP <input type="radio"/> 7. Other (list) | Follow-up — | Release Date 11/12/22 |
| Owner RUBEN PEREZ | | Summary of Violations: C <input type="radio"/> NC <input checked="" type="radio"/> R <input type="radio"/> | |
| Owner address | | Menu Type (See back of page) 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input checked="" type="radio"/> 5 <input type="radio"/> | |
| Person in charge RUBEN PEREZ | | | |
| Responsible person's email | | | |
| Certified food handler RUBEN PEREZ RACHEL PEREZ | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
- VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

[illegible]

| | |
|--|---|
| Received by (name and title printed): Robert Pearce | Inspected by (name and title printed): Bob Smith ETS |
| Received by (signature): Robert Pearce | Inspected by (signature): Bob Smith |
| cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Belton
11/21

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|---|---|--|---------------------------------|
| Establishment name GARMENT FACTORY EVENTS | Telephone Number () Establishment () Owner | Date of Inspection 11/15/22 | ID# 2156 |
| Establishment address 101 E WAYNE ST FRANKLIN, IN | Purpose: 1. Routine 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 11/25/22 |
| Owner BRUNIS / CHSEY | | Summary of Violations: C 0 NC 6 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 5 | |
| Person in charge W MIKLOS | | | |
| Responsible person's email | | | |
| Certified food handler W MIKLOS | | | |

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

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| Section # | C/NC | | Narrative | To Be Corrected by |
|-----------|------|---|--|--------------------|
| 239 | NC | ✓ | FRONT BAR - SINGLE SERVICE FOOD CONTAINERS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES | 11/18/22 |
| 347 | NC | ✓ | DISPOSABLE TOWELS NOT PROVIDED AT HANDSINK IN MECHANICAL DISTURBANCE AREA | 11/17 |
| 239 | NC | ✓ | DISHWASHERS NOT STORED OFF FLOOR MINIMUM OF 6 INCHES IN KITCHEN AREA, FRONT BAR AREA | 11/18 |
| 396 | NC | ✓ | UPSTAIRS KITCHEN RESTROOM - WASTE CONTAINER FULL | 11/17 |
| 392 | NC | ✓ | OUTSIDE JUMPSTER LID NOT CLOSED | 11/17 |
| 394 | NC | | SOME TRASH ON GROUND INSIDE ENCLOSURE | |
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| | |
|---|--|
| Received by (name and title printed): Warren Miklos | Inspected by (name and title printed): Bob Smith EHS |
| Received by (signature): | Inspected by (signature): |
| cc: | cc: |

JOHNSON COUNTY HEALTH DEPARTMENT RETAIL FOOD ESTABLISHMENT INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|--|--|--|--------------------------------|
| Establishment name Get Go | Telephone Number () Establishment () Owner | Date of Inspection 11/21/22 | ID# 2326 |
| Establishment address 2132 US 31 Greenwood, IN | Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up | Release Date 12/1/22 |
| Owner | | Summary of Violations: | |
| Owner address | | C <u>0</u> NC <u>5</u> R <u> </u> | |
| Person in charge | | Menu Type (See back of page) | |
| Responsible person's email | | 1 <u> </u> 2 <u>X</u> 3 <u> </u> 4 <u> </u> 5 <u> </u> | |
| Certified food handler Chris Ford | | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

| | | |
|---|-----|--|
| Received by (name and title printed): <i>X [Signature] Smith</i> | | Inspected by (name and title printed): <i>Perry D Bayless</i> |
| Received by (signature): <i>X [Signature]</i> | | Inspected by (signature): <i>[Signature]</i> |
| cc: | cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Belany
11/14

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food

Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|--|--|--|---------------------------------|
| Establishment name Golden Corral | Telephone Number () Establishment () Owner | Date of Inspection 11/9/22 | ID# 2575 |
| Establishment address 1600 marlin Dr 46142 | Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up Yes | Release Date 11/19/22 |
| Owner | | Summary of Violations: C 2 NC 17 R | |
| Owner address | | Menu Type (See back of page) 1 2 3 4 X 5 | |
| Person in charge | | | |
| Responsible person's email | | | |
| Certified food handler Joshua Weatherbee (exg 7/12/21) | | | |

• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"

• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|---|---|--|
| 193 | C | | Time used as a Public Health Control for salad bar products (i.e. printed stickers) allowed five hours and not the maximum of four hours | Print machine needs updated Corrected |
| 187 | C | | Vanilla and chocolate ice cream in self-serve machines measured 43°F to 46°F | Corrected |
| 431 | NC | | Floor soiled under salad station, hot leg of cold bar, meat room cooler, and ceiling in cold bar/prep area | 11/10/22 |
| 218 | NC | | ① Entire one door cooler fan blade iced over ② Produce walk-in-cooler outside handle stopper loose ③ Produce cooler metal shelving rusty ④ meat room cooler door seal torn | 11/9/22 11/15/22 12/21/22 ↓ |

Received by (name and title printed):

X Roger Thomas

Received by (signature):

[Signature]

cc:

Inspected by (name and title printed):

Cassi Hall / Andrew Miller, EHS

Inspected by (signature):

[Signature] / Andrew Miller

cc:

NARRATIVE REPORT

| Establishment Name Golden Corral | | | Address 160 Marlin Dr. 46142 | | Inspection Date 11/9/22 |
|--|------|---|--|--------------------|-----------------------------------|
| Section# | C/NC | R | REMARKS | TO BE CORRECTED BY | |
| 324 | NC | | Observed a leak at the Ecolab pipe connection in dish area. | ↓ | |
| 324 | NC | | Observed a leak at the pipe connection under the dish machine. | | |
| 411 | NC | | One light out above grill | ↓ | |
| 295 | NC | | Interior of ice machine is soiled | ↓ | |
| 295 | NC | X | Interior of dessert cabinets are soiled. | ↓ | |
| 295 | NC | | Side of fryer is soiled. | ↓ | |
| 295 | NC | | hood above fryer is soiled. | ↓ | |
| 295 | NC | | Shelving racks inside Stand Up Cooler | ↓ | |
| | | | Observed from fryer is soiled. | | |
| 234 | NC | | Observed a spoon stored inside product without handle up. | ↓ | |
| | | | Observed ice scoop stored in ice bin without | | |
| 431 | NC | | the handle up. | ↓ | |
| 324 | NC | | One toilet in women's restroom is soiled. | ↓ | |
| 324 | NC | | Hot water at women's restroom hand sink was observed at 65°F | ↓ | |
| | | | ↳ Should be 100°F to 120°F | | |
| | | | Note: One hand soap dispenser in women's restroom not working. | | |
| | | | Note: Dish machine final rinse is ok at time of inspection. | | |
| 399 | NC | | Grout work needed under salad station area and floor under hot leg of cold bar not smooth and easily cleanable | ↓ | |
| 190 | NC | | Previously cooked Bourbon chicken cooling inside produce cooler was covered with a lid | ↓ | |
| 436 | NC | | ① Hot pedal at hand sink in meat room off unit | ↓ | |
| | | | ② North side produce cooler door threshold loose and meat room door threshold worn | ↓ | |
| | | | ③ Meat room exit door rubs the door frame and dish room exit door bottom area rusted and worn | ↓ | |
| 413 | NC | | Meat room exit door not sealing at interior lower left corner | ↓ | |
| Received By (Name & Title) X [Signature] | | | Inspected By (Name & Title) [Signature] Andrew Miller | | Page 2 of 2 |

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|---|---------------------------------------|--|--------------------------------|
| Establishment name <i>Grand Brook Memory Care</i> | Telephone Number () Establishment | Date of Inspection <i>11/23/22</i> | ID# <i>2307</i> |
| Establishment address <i>2444 S. State Rd 13 S</i> | () Owner | Follow-up <i>NO</i> | Release Date <i>12/3/22</i> |
| Owner | Purpose: 1. <u>Routine</u> | Summary of Violations: <i>C 0 NC 2 R 0</i> | |
| Owner address | 2. Follow-up | | |
| Person in charge | 3. Complaint | Menu Type (See back of page) <i>1 2 3 4 5</i> | |
| Responsible person's email | 4. Pre-Operational | | |
| Certified food handler | 5. Temporary | | |
| | 6. HACCP | | |
| | 7. Other (list) | | |

- CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"
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[illegible]

| | | |
|--|-----|--|
| Received by (name and title printed): X Ursula Zemola | | Inspected by (name and title printed): Jayce Miller |
| Received by (signature): X Ursula Zemola | | Inspected by (signature): Jayce Miller |
| cc: | cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

460 N. MORTON ST. STE A
FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Bob Smith 11/21

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|---|--|--|---------------------------------|
| Establishment name GREEKS PIZZA & TAPP ROOM | Telephone Number () Establishment () Owner | Date of Inspection 11/16/22 | ID# 1909 |
| Establishment address 18 E JEFFERSON ST. FRANKLIN, IN | Purpose: <u>1. Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Follow-up — | Release Date 11/26/22 |
| Owner JASON TAPP | | Summary of Violations: C <u>0</u> NC <u>5</u> R <u>—</u> | |
| Owner address | | Menu Type (See back of page) 1 <u>—</u> 2 <u>—</u> 3 <u>(X)</u> 4 <u>—</u> 5 <u>—</u> | |
| Person in charge PATTI DOAN | | | |
| Responsible person's email | | | |
| Certified food handler TAPP | | | |

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• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"

| Section # | C/NC | R | Narrative | To Be Corrected by |
|-----------|------|-----|---|--------------------|
| 411 | NC | (X) | (2) LIGHTS OUT ON EXHAUST HOOD IN KITCHEN, LIGHT OUT IN WALK-IN COOLER IN DISHWASHING ROOM | 11/26/22 |
| 399 | NC | (X) | FLOOR WORN IN AREAS OF KITCHEN, DISHWASHING ROOM | 12/30 |
| 295 | NC | (X) | BACK WALK-IN COOLER FLOOR UNDER SHELVING NOT CLEAN | 11/26 |
| 218 | NC | (X) | DOOR GASKETS WORN ON SMALL FREEZER IN KITCHEN, COKE GLASS FRONT COOLER IN DISHWASHING AREA, KITCHEN LARGE UPRIGHT 2 DOOR REFRIGERATOR | 12/16 |
| 256 | NC | (X) | SMALL FREEZER IN KITCHEN DOOR INSIDE - 11/20 FOR BUILT UP / THERMOMETER NOT SEEN - 11/20 | |

| | |
|--|--|
| Received by (name and title printed): Patti Doan | Inspected by (name and title printed): Bob Smith ETS |
| Received by (signature): <i>Patti Doan</i> | Inspected by (signature): <i>Bob Smith</i> |
| cc: | cc: |



JOHNSON COUNTY HEALTH DEPARTMENT
RETAIL FOOD ESTABLISHMENT
INSPECTION REPORT

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FRANKLIN, IN 46131
Office 317-346-4365 Fax 317-736-5264

Better
12/12

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

| | | | |
|---|--|--|---------------------------------|
| Establishment name <i>Green Ginger</i> | Telephone Number <i>317 743-8288</i> | Date of Inspection <i>11/30/22</i> | ID# <i>2123</i> |
| Establishment address <i>1675 W. Smith Valley Rd</i> | () Owner | Follow-up <i>Yes</i> | Release Date <i>12/10/22</i> |
| Owner <i>Celina Lin</i> | Purpose: 1. <u>Routine</u> 2. Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list) | Summary of Violations: C <u>2</u> NC <u>5</u> R <u> </u> | |
| Owner address | | Menu Type (See back of page) 1 <u> </u> 2 <u> </u> 3 <u>✓</u> 4 <u> </u> 5 <u> </u> | |
| Person in charge <i>Celina Lin</i> | | | |
| Responsible person's email | | | |
| Certified food handler <i>Celina Lin</i> <i>SenSafe Exp! 3/25/27</i> | | | |

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| Section # | C/NC | R | Narrative | To Be Corrected by |
|---------------------------------------|------|---|---|-----------------------------|
| 303 | C | | Mechanical dish machine not sanitizing immediately after cleaning and | Called for emergency repair |
| 324 | NC | | the top vacuum breaker leaks | |
| 187 | C | | The following internal product temperatures were measured inside the walk-in-cooler: Cream Cheese 43°F, Bean Sprouts 43°F | 11/30/22 Please Monitor |
| 218 | NC | | ① Left door seal torn on Spartan Freezer, Sushi prep table door seals and kitchen prep table door seals are torn | 1/29/22 |
| | | | ② Walk-in-cooler shelving is rusty | |
| 234 | NC | | Spoon for white rice stored in container of water | Corrected |
| 199 | NC | | Crab meat thawing in a pan of stagnant water | Corrected |
| 431 | NC | | ① Mechanical exhaust hood soiled | 12/15/22 |
| | | | ③ Curtains from kitchen to dining room are soiled | 12/2/22 |
| NOTE * Set WIC temperature to 35-38°F | | | | |

Received by (name and title printed):

Inspected by (name and title printed):

Received by (signature):

Inspected by (signature):

cc:

cc:

cc: